

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
SEATTLE, WASHINGTON

EXPEDITED ENFORCEMENT  
COMPLIANCE ORDER AND SETTLEMENT AGREEMENT

RECEIVED

JUL 27 2006

U.S. EPA REGION 10

OFFICE OF COMPLIANCE AND ENFORCEMENT

PART I: COMPLIANCE ORDER

PART II: SETTLEMENT AGREEMENT

COMPLIANCE ORDER NO. 3249

On 6/20/06 Time 3:30 PM  
(Date of violation) (a.m. or p.m.)

At CARSON OIL  
(Name of facility)

994 SE ELON ST  
(Address of facility)  
CHICKAMAS OR 97015

Name of Owner, Operator or  
On-site Representative WAYNE WARREN  
(Circle one)

Owner Address PO BOX 10948  
PORTLAND OR 97296

State ID or Facility License/Permit Number OR 3469

An authorized representative of the United States Environmental Protection Agency (EPA) inspected this facility to determine compliance with underground storage tank regulations promulgated under Subtitle I of the Resource Conservation and Recovery Act of 1976 (42 U.S.C. S6912 et seq.). During this inspection, the following violations of underground storage tank regulations were found, with corresponding penalty amounts:

40 CFR 280.21(c) Penalty \$ 300

Nature of Violation: Failure to upgrade metal piping w/ cathodic protection

40 CFR \_\_\_\_\_ Penalty \$ \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

40 CFR \_\_\_\_\_ Penalty \$ \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

40 CFR \_\_\_\_\_ Penalty \$ \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

40 CFR \_\_\_\_\_ Penalty \$ \_\_\_\_\_

Nature of Violation: \_\_\_\_\_

Penalty Total \$ 300

The owner or operator of the above facility is hereby ordered to correct the violations and pay the penalties described above.

This Compliance Order is not an adjudicatory proceeding under 40 CFR Part 22, the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties and the Revocation or Suspension of Permits, but is issued solely with reference to the Settlement Agreement in Part II of this form. If the Settlement Agreement in Part II is not returned in correct form by the owner or operator within 30 days of the date of signature below by the Authorized Representative of EPA, this Compliance Order is hereby withdrawn, without prejudice to EPA's ability to file additional enforcement actions for the above or any other violations.

I have personally observed the above violations and find the owner or operator in violation of the above-referenced underground storage tank regulations.

Robert Bluth Date: 6/28/06  
(Signature of Authorized Representative of EPA)

I hereby acknowledge receipt of this Compliance Order and Settlement Agreement.

Wayne Warren Date: 6-28-06  
(Signature of Owner, Operator or On-site Representative)

The United States Environmental Protection Agency (EPA) offers this Settlement Agreement under its expedited enforcement procedures in order to settle the violations found in the Compliance Order in Part I of this form subject to the following terms and conditions:

The Owner or Operator signing below certifies, under civil and criminal penalties for making a false submission to the United States Government, that Owner or Operator has corrected the violation(s) and enclosed a certified check for \$ 300.00 in payment of the full penalty amount, as described in the Compliance Order.

Upon EPA final approval of this Settlement Agreement, EPA will take no further action against the Owner or Operator for the violations described in the Compliance Order. EPA does not waive any enforcement action by EPA, the State where the facility is located or any local agencies for any other past, present or future violations under any other statute not described in the Compliance Order.

Also, upon EPA final approval of this Settlement Agreement, the Owner or Operator waives the opportunity for a public hearing pursuant to Section 9006 of the Resource Conservation and Recovery Act.

This Settlement Agreement is binding on the EPA and the Owner or Operator signing below.

The Owner or Operator signing below waives any objections to EPA's jurisdiction with respect to the Compliance Order and this Settlement Agreement, and consents to EPA's final approval of this Settlement Agreement without further notice.

This Settlement Agreement is effective upon EPA's final approval below. Upon final approval, EPA shall mail a copy of the approved Settlement Agreement to the Owner or Operator signing below.

Final approval of the Settlement Agreement is in the sole discretion of the Regional Administrator, Region 10, EPA, or authorized delegate.

SIGNATURE BY OWNER OR OPERATOR:

Name(print) Sandra Gaylord

Title (print) Vice President

Signature [Signature] Date: 7/24/06

FINAL APPROVAL BY EPA:

Name (print) Adam Baron

Title (print) Compliance Officer

Signature [Signature] Date: 12/11/06

→ Add cathodic protection to all metal piping in contact w/ soil & provide documentation of cathodic protection testing OR isolate metal from soil permanently.

# EPA UST Program Field Notice of Non-compliance

No. 288

The Environmental Protection Agency (EPA) is responsible for the enforcement of underground storage tank (UST) laws that protect human health and the environment. Pursuant to federal regulation at 40 CFR Part 280, during an inspection on

6/23/06 the following items of UST non-compliance were observed at your facility:

|   |  |   |                   |
|---|--|---|-------------------|
| 1 | Description: 230.40 (a)<br>failure to ensure automatic tank gauge is within 3rd party certification for tank volume (33,170 gallons) | Correction Required: provide documentation of system upgrade that allows 40,000 gallon unmanipulated system, or provide documentation from manufacturer | Deadline: 7/23/06 |
| 2 | Description:   | Correction Required: that current system is certified for 40,000 gallons.   | Deadline:         |
| 3 | Description:   | Correction Required:  | Deadline:         |
| 4 | Description:   | Correction Required:  | Deadline:         |

## WARNING

The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve the violations(s) listed above at this time. Therefore, no penalty will currently be assessed. However, if you fail to complete the above noted compliance task(s) before the listed deadline(s), you will become subject to citation and/or formal enforcement action. Such enforcement actions mandate compliance and carry monetary penalties as high as \$10,000 for every day of continued violation on each underground tank.

Notify your EPA contact person (listed below) immediately if you are unable to perform the required actions within the specified dates.

| EPA Inspector   |              |
|-----------------|--------------|
| Name:           | Adam Baron   |
| Office Address: |              |
| Phone:          | 206 553 6361 |
| Signature:      | Adam Baron   |

| Facility Information |                                       |
|----------------------|---------------------------------------|
| Name of Facility:    | CARSON OIL                            |
| Facility ID #        | OK 3469                               |
| Address:             | 9411 SE ELON ST<br>CLACKAMAS OR 97015 |
| Contact:             | Wayne Warren                          |
| Phone:               | 503 319-4447                          |
| Signature:           | Wayne Warren                          |

(Signature acknowledges receipt only)



3/17/06  
Rev 2

EPA REGION 10  
UNDERGROUND STORAGE TANK  
INSPECTION FORM A

Significant Compliance:

Facility# OR 3469 Passed Inspection Y N RD N Upgrade N  
Inspection Date 6/28/06 Time 3:30 GPS reading 26 29 01 A  
Lead Inspector BAKON (OST) Others WILKER  
Facility Reps Wayne WARREN

(\* Credentials Presented)

Visual Documentation of Inspection: ☐ 35mm pictures ☒ Video ☐ Digital ☐ Other

Facility Drainage (FD) questionnaire: ☒ Completed ☐ Not Completed ☐ Not Applicable

Enforcement Actions Taken Onsite: FNNC # 288 FC # 3249 For \$ 300

Verbal Warning for 40 CFR 280. SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason):

Facility Information

Location Name CARSON OIL  
Owner CARSON OIL Co., Inc. Operator  
Address (Loc/Owner/Op) 9911 SE ELON ST  
City CLACKAMAS State OR Zip 97015 Phone (503) 319-4447  
Address (Loc/Owner/Op) PO BOX 10948  
City PORTLAND State OR Zip 10948 Phone 503 224-8500

| Tank #   | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS            |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> All (tanks covered) or (check which tanks are covered) |   |   |   |   |   |   |

Type: ☒ Ins ☐ Self ☐ PSTF ☐ Ltr Credit ☐ Stdbdy Trust ☐ LG Bond Rating Test ☐ LG Fin Test ☐ Other

Issuing Entity: ZURICH Dates Coverage 10/05-10/06 In EPA Format? Y N

TANK STATUS

|   |               |      |      |      |      |  |
|---|---------------|------|------|------|------|--|
| Manifolded (M) or Compartmented (C) Tank?   |               |      |      | M    | M    |  |
| Status (circle): <u>CIU</u> TOU POU <input type="checkbox"/> All or                                 |               |      |      |      |      |  |
| Date installed: <input checked="" type="checkbox"/> All or  | 85            |      | 12   |      |      |  |
| Tank cap (gal): <input type="checkbox"/> All or   | 20 K          | 20 K | 12 K | 20 K | 12 K |  |
| Substance in Tank: <input type="checkbox"/> All or  | U             | HSD  | S    | LSD  | LSD  |  |
| Tank Material: BS <u>CPS</u> COM FRP DW ExL Lin <input checked="" type="checkbox"/> All or          |               |      |      |      |      |  |
| Verified Tank by: Visual Invoice Warranty Picture <input checked="" type="checkbox"/> All or        | used CP tests |      |      |      |      |  |
| Emergency Generator Tank(s)? <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or |               |      |      |      |      |  |
| Piping Material: GS CPS <u>FRP</u> FlexP DW SecC <input checked="" type="checkbox"/> All or         |               |      |      |      |      |  |
| Verified Pipe by: <u>Visual</u> Invoice Warranty Picture <input checked="" type="checkbox"/> All or |               |      |      |      |      |  |
| Piping Type: Grav <u>Pres</u> SafeS U.S.S <input checked="" type="checkbox"/> All or                |               |      |      |      |      |  |
| Date last used: <input type="checkbox"/> All or   |               |      |      |      |      |  |
| Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or                         |               |      |      |      |      |  |

SITE SKETCH

[illegible]

Notes:

Both for Tank 4

+ Turbine sumps, have metal connector wrapped in black plastic in contact w/ soil - needs isolated or EP

- can't confirm if crossover is also metal wrapped in plastic - no access from sumps

- Same for both sumps of Tank 3

- Same for Tank 2

- Same for Tank 1

AND All dispensers have black wrapped metal in contact w/ soil

Tanks 4 & 5 manufactured together - only 3rd party rated to 33, 170 gallon, but have total of 40k



| Tank #  | 1   | 2   | 3   | 4   | 5   | 6 |
|---|---|-----|-----|-----|-----|---|
| <b>RELEASE DETECTION-TANKS</b>  |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> Primary Release Detection Method Present? <input type="checkbox"/> NA   |   |     |     |     |     |   |
| <input type="checkbox"/> Manual Tank Gauging (MTG) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or  |   |     |     |     |     |   |
| <input type="checkbox"/> Tank Tightness Testing (TTT) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or   |   |     |     |     |     |   |
| Last TTT date? _____ Passed? Y N  |   |     |     |     |     |   |
| <input type="checkbox"/> Inventory Control (IC) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or   |   |     |     |     |     |   |
| <input type="checkbox"/> Vapor Monitoring (VM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or  |   |     |     |     |     |   |
| Site Assessment? Y N <input type="checkbox"/> All or  |   |     |     |     |     |   |
| <input type="checkbox"/> Ground Water Mon. (GWM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or  |   |     |     |     |     |   |
| Site Assessment? (ie: 3'<gw<20') Y N <input type="checkbox"/> All or  |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> Automatic Tank Gauge (ATG) <input checked="" type="checkbox"/> Primary Method <input checked="" type="checkbox"/> All or  |   |     |     |     |     |   |
| <input type="checkbox"/> Interstitial Monitoring (IM) <input type="checkbox"/> Primary Method <input type="checkbox"/> All or   |   |     |     |     |     |   |
| <input type="checkbox"/> SIR <input type="checkbox"/> Primary Method <input type="checkbox"/> All or  |   |     |     |     |     |   |
| <input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or   |   |     |     |     |     |   |
| <b>RELEASE DETECTION-PIPING</b>   |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> Primary Release Detection Method(s) Present? <input type="checkbox"/> NA  |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> ALLD(s) Pressurized Systems Only- Required <input checked="" type="checkbox"/> All or<br>Date test: <u>9/05</u> <input type="checkbox"/> ELLD or <input checked="" type="checkbox"/> MLLD | 2T  | 2T  | 2T  | 2T  | OT  |   |
| <input checked="" type="checkbox"/> LTT(s) Date test <u>9/05</u> <input checked="" type="checkbox"/> Primary Method <input checked="" type="checkbox"/> All or  | <del>2T</del>   | " " | " " | " " | " " |   |
| Monthly Monitoring Method: <input type="checkbox"/> Primary Method <input type="checkbox"/> All or<br>VM GWM IM SIR SumpSensor Other _____  |   |     |     |     |     |   |
| <input type="checkbox"/> Deferred (Emergency Generators ONLY) <input type="checkbox"/> All or   |   |     |     |     |     |   |
| <b>RELEASE DETECTION COMPLIANCE/RECORDS</b>   |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> Release Detection System -Operating Properly? <input type="checkbox"/> NA   | ✓   | ✓   | ✓   | ○   | ○   |   |
| <input checked="" type="checkbox"/> Release Detection System Meets Performance Standards of<br>SOC Matrix "Worksheet"? <input type="checkbox"/> NA  | ✓   | ✓   | ✓   | ○   | ○   |   |
| <input type="checkbox"/> In Compliance with EPA 3 <sup>rd</sup> Party Evaluation? <input type="checkbox"/> NA   | ✓   | ✓   | ✓   | ○   | ○   |   |
| <input type="checkbox"/> If Required (5 year Record Limit), Has 3 <sup>rd</sup> Party? <input checked="" type="checkbox"/> NA   |   |     |     |     |     |   |
| <input checked="" type="checkbox"/> Tanks/Piping are Monitored Monthly (or have required LTT)<br>and Have Monthly Monitoring Records for 2 most Recent Months<br>and 8 of the last 12 months <input type="checkbox"/> NA      | <div style="border: 1px solid black; padding: 5px; display: inline-block;">             3 months<br/>Oct, Nov, Dec           </div> |     |     |     |     |   |
| Monthly monitoring records Reviewed = <u>12</u> months, of last 12:<br>Tanks (months) PASSED: <u>12</u> FAILED: _____ INVALID: _____<br>Piping (months) PASSED: _____ FAILED: _____ INVALID: _____                            |   |     |     |     |     |   |
| <input type="checkbox"/> Implementing Agency Notified of any Suspected Release (due<br>to any Release Detection results) or NONE Suspected? <input checked="" type="checkbox"/> NA  |   |     |     |     |     |   |
| <input type="checkbox"/> ALL Non-Passing Results Resolved? <input checked="" type="checkbox"/> NA   |   |     |     |     |     |   |
| <input type="checkbox"/> TOU Systems Comply with Release Detection? <input checked="" type="checkbox"/> NA  |   |     |     |     |     |   |
| <input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained? <input checked="" type="checkbox"/> NA   |   |     |     |     |     |   |
| ATG/IM/SIR Equipment Manufacturer/Vendor <u>Vander Root</u> Model: <u>TLS-350 C54P</u><br>(Optional) ALLD Equipment Manufacturer _____ Model: _____   |   |     |     |     |     |   |

| TANK #  | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| <b>RELEASE PREVENTION</b>   |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> CP Met on Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)    |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> ALL CP (including Lining) Repairs are Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)? <input checked="" type="checkbox"/> NA |   |   |   |   |   |   |
| <b>TANK LINING</b>  |   |   |   |   |   |   |
| <input type="checkbox"/> Tank Lining Inspected and In Compliance? <input checked="" type="checkbox"/> NA  |   |   |   |   |   |   |
| Date of Lining: _____   |   |   |   |   |   |   |
| Date of PASSING Internal Inspection: _____ <input type="checkbox"/> All or  |   |   |   |   |   |   |
| <b>CATHODIC PROTECTION</b>  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Cathodic Protection: <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping <input checked="" type="checkbox"/> All or   |   |   |   |   |   |   |
| <input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or   |   |   |   |   |   |   |
| Installation Date: _____ Set at _____ amps  |   |   |   |   |   |   |
| <input type="checkbox"/> Last 3 (60 Day) rectifier inspection Records? <input checked="" type="checkbox"/> NA   |   |   |   |   |   |   |
| System On? Y N Observed amperage of _____ amps  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Sacrificial Anode System <input checked="" type="checkbox"/> All or   |   |   |   |   |   |   |
| <input type="checkbox"/> CP Performing Adequately- Based on Testing Results- and any Repairs are being Conducted or Completed? <input type="checkbox"/> NA  |   |   |   |   |   |   |
| <input type="checkbox"/> 6 mo. CP test After Installation or Repair COMPLETED? <input type="checkbox"/> NA  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Date of Last Test: 1/05 Passed <input checked="" type="checkbox"/> All or   |   |   |   |   |   |   |
| Covers: <input type="checkbox"/> Tanks/Piping <input checked="" type="checkbox"/> Tanks <input type="checkbox"/> Piping   |   |   |   |   |   |   |
| <input type="checkbox"/> Date of Previous Test: _____ Passed <input type="checkbox"/> All or  |   |   |   |   |   |   |
| Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping  |   |   |   |   |   |   |
| <b>SPILL &amp; OVERFILL PREVENTION</b>  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Spill Prevention Devices Present and Functional? <input type="checkbox"/> NA  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Overfill Prevention Devices Present and Operational for Each Tank? (specify, below) <input type="checkbox"/> NA   |   |   |   |   |   |   |
| <input type="checkbox"/> Ball Float Valve Operational <input type="checkbox"/> All or   |   |   |   |   |   |   |
| <input type="checkbox"/> Flow Restrictor (Auto Shut off) Operational <input type="checkbox"/> All or  |   |   |   |   |   |   |
| <input checked="" type="checkbox"/> Automatic Alarm (for Delivery Driver) Operational <input checked="" type="checkbox"/> All or  |   |   |   |   |   |   |
| <input type="checkbox"/> Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or   |   |   |   |   |   |   |
| <div style="display: flex; justify-content: space-between;"> <div>Inspector's Signature <u>Ann Brown</u></div> <div>Date: <u>6/28/06</u></div> </div>   |   |   |   |   |   |   |



**PUBLICATIONS LEFT WITH FACILITY CONTACT**

7/20/05

Person Left With: WYNNE WARREN Date: 6/20/06

Musts for USTs: A Summary of Federal Regulations For Underground Storage Tank Systems

40 CFR 280, Technical Standards and Corrective Action Requirements...

\*Operating and Maintaining UST Systems: Practical Help and Checklists

Don't Wait Until 1998: Spill, Overfill, and Corrosion Protection for Underground Storage Tanks

UST Systems: Inspecting and Maintaining Sumps and Spill Buckets

Automatic Tank Monitoring & Line Leak Detection Reference Manual--- Selected equipment

Section(s) given:

Straight Talk On Tanks: Leak Detection Methods for Petroleum Underground Storage Tanks...

Leak Detection Fact Sheet #1: For Some USTs, Inventory Control "Expires" December 22, 1998

Doing Inventory Control Right for Underground Storage Tanks

Introduction To Statistical Inventory Reconciliation for Underground Storage Tanks

Manual Tank Gauging for Small Underground Storage Tanks

Leak Lookout

Getting The Most Out Of Your Automatic Tank Gauging System

Dollars And Sense: Financial Responsibility Requirements For Underground Storage Tanks

40 CFR 280, Subpart H- Financial Responsibility

Information on SPCC Plans, 40 CFR 112

EPA Publications and Access

ODEQ Contacts (Regional Offices)

Others: